→ UTILITY PATENT APPLICATION		ATTORNEY DOCKET 84775ARRS			
TRANSMITTAL UNDER 37 CFR 1.53(b)			Customer No. 01333		
To: Commissioner for Patents			Express Mail Label No.		
P.O. Box 1450 Alexandria, VA. 22313-1450			EV 293529399 US		
Alexandra, VA. 22313-1430			^		
ADAPTIVE DISPLAY SYSTEM			Date: November 21, 2003		
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First Named Inventor (or Application Identifier):					7. P.T.
				J.S.	
Roger S. Kerr, et al				7.	
Enclosed are:					<u></u>
1. X Specification			6. Assignment of the invention to		
2. 7 Sheet(s) of drawing(s)			7. Certified copy of a priority		
3. Information Disclosure Statement Under 37 CFR 1.97.			8. Associate Power of Attorney		
4. Combined Declaration for Patent Application and Power of Attorney:					
4a. X New					
4b. Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)					
5. Incorporation by Reference (useable if Box 4b is			9. <u>Deletion of Inventor(s)</u> .		
checked) The entire disclosure	Signed statement attached deleting inventor(s) named				
which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying 1.33(b).				lication, see 37 CFR 1.63(d)(2) and
application and is hereby incor			1.55(0).		
10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1,					
after the title, by inserting the following:CROSS REFERENCE TO RELATED APPLICATION					
Reference is made to and priority claimed from U.S. Provisional Application Serial No.,					
filed, entitled.					
If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: 11. Continuation Divisional Continuation-in-part (CIP) of prior application No:					
12. X Please address all written communications to Milton S. Sales, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.					
Please Direct all telephone calls to Roland R. Schindler at 585-588-2736.					
The filing fee has been calcula	-				
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	
BASIC FEE				\$ 770	
TOTAL CLAIMS INDEPENDENT CLAIMS	46 - 20 = 4 - 3 =	26	x 18 =	\$ 468	
MULTIPLE DEPENDEN			x 86 = + 290	\$ 86	
110211 22 22 11 11 12 21	· · · · · · · · · · · · · · · · · · ·		TOTAL	\$ 1324	
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X Please charge my Eastman Kodak Company Deposit Account No. <u>05-0225</u> in the amount of \$ 1324					
A duplicate copy of this sheet is enclosed The Commissioner is hereby authorized to charge any additional filing fees required under					
37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.					
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Roland R. Schindler/prk		orney for Applicants			
Telephone: 585-588-273					
Telephone: 585-588-2736 Registration No. 40,802 Facsimile: 585-477-1148					

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